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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transglitted to the USPTO (703) 746-4000, on the date indicated below. Lowe Hauptman Gopetein Gilman & Berner Suite 310 1700 Diagonal Road ZNDRA BRYANT Alexandria, VA 22314 5 HALI22 00000073 071337 09856043 (Signat 07-05 (Thate 01 FC:1501 1400.00 OP 02 FC: β00 Application 169.00 JA FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE 713-484 09/856.043 05/17/2001 Philip Charles Clark TITLE OF INVENTION; POWER ACTUATED TOOLS ISSI E FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE APPLN. TYPE SMALL ENTITY \$1378 - 1400 02/09/2005 NO 50 nonprovisional CLASS-SUBCLASS EXAMINER ART UNIT HARMON, CHRISTOPHER R 3721 227-130000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.563). 2. For printing on the patent front page, list ILOWE HAUPTMAN & BERNER, LL (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE VICTORIA, AUSTRALIA CETRAM PTY LTD. Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Kissue Fee Dublication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. XXI The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-1337 (enclose an extra copy of this form). KAdvance Order - # of Copies 5. Change in Entity Status (from status indicated above) ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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